## State of Kansas - Review Form - Mechanical/Electrical/Plumbing

Department of Administration, OFPM-DCC

DCC initiates this form. The project A/E shall respond to comments only in the yellow boxes.

DCC Project No.				Agency Project No State			e Building	Building Number			
Agency Building Name and Project Title											
			Primary Contact		Contact 2		Co	Contact 3			
A/E C	ontact	Name									
		E-mail									
Agen	cy Contact	Name									
E-mail											
DCC A/E: Barbara Schilling (BS) Diana Hutchison (DH) Ray Smith (RS) Mark Wendland (MW)											
Project A/E (name and initials) Include name an initials of all who respond:											
CONSTRUCTION DOCUMENTS  ☐ Progress Review ☐ Final Review ☐ Project bid by OFPM ☐ For Construction (Permit to Build											
ENGINEERING COMMENTS											
Engineer must attest to compliance with energy codes. (One box must be checked and name/date provided.)											
Energy Attestation - Submittal complies with ASHRAE or IECC per K.A.R.1-67-2 / 1-67-3  Energy Report submittal for functionally equivalent standard.							yped)		Date		
Project doesn't require attestation. Explain:											
Enter response comments only in yellow boxes.							Initial	Date	Action		
Click Here to enter text.							<u> </u>				
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RR = Response Required NR = No Response Required Resolved = No further response required Unresolved = Further response required.											
Code Footprint and/or Architectural / Structural review comments issued under separate cover (Form 121).											
☐ FA Shop drawings will be required during construction. (Ref BDCM Part A - Chapter 4)											
	shop drawing	gs will be re	equired during	consturction. (F	Ref BDCM Part A - 0	Chapter 4	)				
□ FA	modifications	can be co	onsidered limite	ed scope. (Ref	BDCM Part A - Cha	pter 4) S	hop drav	wings no	t required.		
☐ FA modifications can be considered limited scope. (Ref BDCM Part A - Chapter 4) Shop drawings not required. ☐ SP modifications can be considered limited scope. (Ref BDCM Part A - Chapter 4) Shop drawings not required											